

APPENDIX N

Mental Health Professional Certificate

Mental Health Professional Certificate
(Dangerous Sex Offender)

(To be immediately forwarded to the county attorney upon completion-NO later than 24 hours after completion) Neb. Rev. Stat. § 71-1204.

TO: _____ COUNTY ATTORNEY,
OF _____ COUNTY, NEBRASKA

_____, is under my care as a result of an Emergency
(Name & Address of Subject)

Protective Custody placement, upon the certificate of a Law Enforcement Officer. The subject's
evaluation was completed on _____ (a.m./ p.m.) on the _____ day of _____, 200____.

☐ _____
(Name & Address of Subject's spouse, legal counsel, guardian or conservator, and next of kin, if known)

☐ _____
(Name & Address of anyone providing psychiatric or other care or treatment to the subject, if known)

☐ _____
(Name & Address of any other person who may have knowledge of the subject's mental illness or personality disorder who may be called as a witness at a mental health board hearing with respect to the subject, if known)

☐ _____
(Name & Address of the medical facility in which the subject is being held for emergency protective custody and evaluation)

As a qualified mental health professional I certify that I have evaluated the subject since the subject was admitted for emergency protective custody and evaluation. It is my opinion that the above subject is a dangerous sex offender and the clinical basis for such opinion is as follows:

The above diagnosis is within a reasonable degree of ☐ psychiatric, ☐ psychological certainty and the Subject presents a substantial risk of serious harm within the near future to ☐ himself/herself, or ☐ others as a result of the above mental illness/personality disorder in the following ways:

It is therefore my opinion, within a reasonable degree of psychiatric,
psychological certainty, that _____ is a dangerous sex
offender as defined by Neb. Rev. Stat. § 83-174.01.

Name of Facility:
Address of Facility:

BY: _____
(Name Certifying Mental Health Care Professional)

ADDRESS: _____

DATE: _____, 200__.

☐ An evaluation was completed within 36 hours of admission and this certificate was executed within 24 hours after completion of the evaluation.